

Hughes (cont.)

A CASE OF
Psycho-Sensory (Affective or
Moral) Insanity.

✓
BY C. H. HUGHES, M. D., St. Louis, Mo.

[Reprint from THE ALIENIST AND NEUROLOGIST, April, 1885.]



A Case of Psycho-Sensory (Affective or Moral) Insanity.

By C. H. HUGHES, M. D., St. Louis, Mo.

THE following is one of the case records which the writer had in mind when his papers on "Moral Insanity" appeared in preceding numbers:

In the month of April, 1867, H. H—, a bachelor, aged 55 years, was admitted to the Missouri State Lunatic Asylum, with a form of insanity which, from the history and habits of the person as learned on admission from his friends, was recorded as chronic epileptic dipsomania.

At this time the writer of the record was not a believer in moral insanity, but considered such a state of mind as a psychological impossibility.

It is recorded of this patient that five years preceding his admission to the hospital, while acting as steward in the United States Marine Hospital service, that he first displayed eccentricity of character. He would then frequently leave important business unfinished and go away without explanation either before or after returning, and he was also given to spells of clandestine drinking. His conduct was then erratic and his disposition irritable, but aside from this there was no observable intellectual derangement.

There was no semblance of epileptic automatism in his fits of going away from his work or in his spells of drinking. Having been myself a medical officer in the Government Marine Hospital at the time his insanity began, although I did not then recognize his conduct as insane, because then less familiar with the subject of insanity in its many phases, I recall no act indicative of unconsciousness on his part at that time, although he was sullen and unsatisfactory at times in his speech and

conduct, when spoken to about delayed or neglected clerical work. But this was attributed to ill-temper. He probably at that time had nocturnal epileptic or epileptoid seizures.

His natural habits were those of industry and neatness; he was of ordinary intellectual capacity, and his education was limited to reading, writing and simple arithmetic, suited to the ordinary demands of business.

He greatly improved during his residence at the asylum, and not being restrained of the liberty of the premises, he absented himself without leave about the last of the following September and went back to his home in St. Louis. On the representation of his friends as to his continued improvement he was discharged October 23d.

The predisposing cause of his insanity is recorded as epileptic, and the exciting cause as intemperance, but having made the record myself in the earlier part of my asylum experience, I take this occasion to record my conviction that the *epilepsia* was developed by intemperance, and the insanity was the result of the insiduously persisting *epilepsia*, as his friends in a subsequent statement ascribe intemperate habits to him and an irritable and overbearing disposition when he appeared to them to have been rational. His general health was good.

On the 13th of July, 1869, he was admitted to the St. Louis Insane Asylum, where he is recorded to have died May 8th, 1872, of maniacal exhaustion, more properly the exhaustion of dementia, the record stating that he went to his bed about April 1st, and from then to the time of his death scarcely moved at all, and about a week before he died became stupid and scarcely conversed any afterwards. His father is reported as having been insane the last year or two of his life.

His epileptic attacks were infrequent and the paroxysms of short duration. I only recollect of his having two during his stay at Fulton, and it is recorded on the book of the St. Louis Asylum that he had "had no epileptic seizure in this asylum" up to February 18th, 1870, nine-

teen months after admission. It is also recorded that he was "a constant annoyance, declaring he was not insane, and demanding additional privileges," and this is substantially what he claimed at Fulton, although he could not long harmonize with any one who employed him or with any of his friends out of the asylum, or with any of the patients in the asylum. He found fault with his food and his treatment by the attendants, and without betraying delusion of *any kind as the term is ordinarily understood and accepted by alienists* (though we think delusion should have a much wider definition so as to include any wrong mental conduct based upon and caused by morbid subjective conditions), *he was as much out of harmony with his surroundings as maniacs usually are.* He could play a good game of cards or billiards, ball or ten-pins, when in the humor, and when his play company was congenial enough to him to permit of his continuing to the end of the game, and on bright sunshiny days after a night of good rest, he would sometimes succeed in doing so. Sometimes his amiable and complaisant moods would continue through several successive days, but it would not be long till he would express his dislike toward some patient with whom he had been fraternizing, or towards some attendant who had been particularly kind to him, based upon some slight or insignificant provocation. He was selfish in an extreme degree and characteristically egotistical. He had no delusion (such as alienists ordinarily recognize) concerning himself, but his egoism, as it always is in these cases, was delusional, as much so as the exalted self-feeling of paresis or the opposite self-feeling of melancholia. He did not imagine himself a great or important or rich personage, but he expected great attentions and many favors. He could not adjust himself to his environment, and was accordingly very unhappy most of his time, as such patients usually are. Any one familiar with his "much ado about nothing" habit of complaining; his inharmonious adjustment of himself to his surroundings; his irritable temper, rising at

times to towering passion upon the slightest provocation; his suspicious, envious, jealous and malicious disposition, could category such a case only among the insane. Miserable as was his existence to himself in the asylum, he was less happy out of it, and when out, wished himself in, as when in, he wished himself out.

He was probably better satisfied when he was drunk, as such patients often are, and a spell of drinking to obliviousness often takes the place with them of a period of specially insane conduct.

At such times as he was seeking to make an especially favorable impression on the asylum superintendent with a view to securing his discharge, he could be urbane to an obsequious degree, but when the limit of his self-restraint would be reached and he was told he must stay still longer in the asylum, it was a study to note his smothered wrath or to hear him swear (though he was not habitually profane), especially if he thought himself unobserved. His vocabulary of oaths was as voluminous as that of a practiced veteran in profanity, but in the midst of a swearing bout he would suddenly stop with a look of indescribable disgust at the inadequacy of his language to do justice to the demands of the occasion.

This man was pronounced insane and sent to the asylum upon his conduct, and in the direction of insanity, his actions, as they often do in these cases, spoke louder than words. He could make a place of peace a pandemonium; and it would often puzzle one to find out how it was accomplished, for his cunning at planning plausible statements and defences was equal to his excessive ill-temper and exaggerated self-feeling.

The beginning and ending of this case was similar to other forms of insanity about which there is no dispute among psychiatrists, and there will be no dispute about the existence of this form of insanity when insanity shall no longer be restricted to impulsive or delusional forms, based mainly upon disease associated with one of the so-called five senses, as it now generally is, but shall be ex-

tended, as it ought to be, to all forms of *disordered mental conduct caused by abnormal subjective sensory conditions without adequate objective excitation*. In moral insanity, as in lypemania, the reasoning may be sound enough, but the judgment is abeyant to and dominated by the morbid condition of the organism. The delusion is not special but organic, and may originate in states of the sympathetic system, the solar plexus for example, rather than in any one of the five senses.

In this sense there is delusion in all insanity. In this sense moral insanity is a delusional form of insanity, although there may be appreciably no specific intellectual lesion, *i. e.*, no disorder or wrong use of the reason which would persist after the correction of the morbid organic impressions which influence the mental conduct.

Dr. Chas. **W.** Stevens, Superintendent of the St. Louis Insane Asylum, to whom this article has been referred, writes that he fully endorses all that is said about H. H.

